

<p style="text-align: center;">Barton House Group Practice Patient Group Meeting</p>

Date: 24.03.2016

Present: Dr Matthew Bench, Farzana Alam, PG, JN, PK, EP, IS, SO, MB.

Apologies:

Minutes and matters arising from last meeting

The CQC report has now been published and can be accessed from the Barton House Website.

Staff News

Dr Bench discussed the following staff changes

- Dr Humphreys who has been a salaried GP at Barton House for several years will be leaving at the end of June due to domestic reasons. Dr Settle who has joined us a year ago as part of the GP Confederation scheme is going on maternity leave and will not be joining us after as she is thinking of cutting down sessions. Dr Shah who also joined us on the confederation scheme will be leaving at the end of April to continue working for other practices as part of the scheme.
- We have a new HCA- Bianca, who has joined the practice in February. We have had difficulties recruiting a nurse after Shelley left. We now have a full house with two HCAs and two nurses. Barton house will now be able to offer in house blood tests for our patients. EP enquired the difference in role of a nurse and a HCA. Dr Bench explained that some HCAs would usually only do blood tests and such and after training can do patient health reviews however they are not trained to modify or issue medications for patients whereas nurse practitioners have a bigger remit and are able to deal with medication queries in liaison with a GP and are able to manage some patients with minor ailments.
- A new GP, Dr Cooke will be joining the practice from April to do 4 sessions a week so some of our existing GPs who has been doing more than 5 sessions a week can drop some sessions. Dr Cooke has been a GP for very long, he runs part of teaching cover for students at Barts.
- Barton House has also employed a new receptionist and a new secretary in the last month both of whom will be joining the practice from April.

Building work

There are some old boilers in the building causing longstanding problems and NHS property service is trying to fix these at present. The old boiler and half of the pipe system are getting replaced. In terms of the property, due to all these work being carried out it is looking a bit industrial; however most of the job is carried out over the weekend so patient care is not affected. We are looking at middle of April for this to be completed fully. Initially the suggestion was that the surgery is closed for a day however took a lot of negotiation from us to keep it open to ensure patient care is not affected.

Recall System

There is an annual recall system on place at Barton House to make contact with patients with long term chronic diseases to enable us to look after them better. Patients are called on their month of birth and from their first visit the clinicians ensure all necessary tests are done and advice given for them to manage their condition better. We are trying to be more systematic about it in the sense that there are now two health care assistants who can assess the patients first and ensure all necessary urine and blood samples are taken; they then book the patient a follow up with a doctor or nurse as necessary.

Vast majority of the long term conditions are being managed in primary care now which was previously done at hospitals. If however a patient is seen at a hospital and had bloods, x ray or any other tests done, primary care is now able to access some of this data provided the patient gives consent for the GP to access it.

Surveys

We are working on an internal patient survey which will be available from reception. We are planning to roll it out by May. This will be a general survey regarding patient satisfaction and what improvements they would like to see at Barton House.

AOB: Baby clinic changes

From the 1st of April the baby clinic has been changed to appointment only for both doctors and nurses so the patients will not have to wait for a long time to be seen.

Virtual patient group:

Barton house is considering starting a virtual patient group on the website whereby the patients who are interested to come to our meetings cannot attend due to personal/work related reasons can now have some input. The online group will give patients the opportunity to contribute to the group virtually ie by suggesting topics to discuss and any issues/concerns they may want to raise which will then be discussed at the meetings and feedback will be provided on the site. This is still work in progress and we are hoping to make this option available to patients by June.

The meeting finished at 2 pm.

Next meeting date 23.06.2016